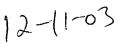
DE 10 2003 V



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor

Richard B. Brooke

Appln. No.

10/659,099

Filed

: September 10, 2003

Title

CELL PHONE/BREATH ANALYZER

Docket No.

O155.12-0004

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION - FILING DATE GRANTED UNDER 37 C.F.R. 1.53(f) AND 1.16(e)

Mail Stop Missing Parts Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450 SENT VIA EXPRESS MAIL

Express Mail No.: EV 302261157 US

Sir:

In response to the Notice to File Missing Parts of Application - Filing Date Granted dated <u>December 4, 2003</u>, Applicant encloses the following documents to complete the above-identified patent application filed <u>September 10, 2003</u>:

- 1. A check in the amount of \$65.00 to cover the surcharge fee, and a check in the amount of \$40.00 covering the recording fee
- 2. Declaration executed by the inventor(s)
- 3. Power of Attorney
- 4. Submission Under 37 C.F.R. 3.73(b)
- 5. Executed Assignment of the invention to Oxyfresh Worldwide, Inc., and Recordation Form Cover Sheet
- 6. Notice to File Missing Parts of Application-Filing Date Granted
- 7. Fee Transmittal (in duplicate).

The Commissioner is authorized to charge payment of any additional fees associated with this paper or credit any overpayment to Deposit Account No. 11-0982. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

KINNEY & LANGE, P.A.

Date: 12/10/03

By: Mulgar Ann Kulprathipanja, Reg. No. 50,608

THE KINNEY & LANGE BUILDING

312 South Third Street

Minneapolis, MN 55415-1002

Telephone: (612) 339-1863

Fax: (612) 339-6580

DRF:AK:bmg

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FEE TRANSMITTAL	Application No.			10/659,099		
OIPE C	Filing Date			September 10, 2003	September 10, 2003	
(and Em	First Named Inventor			Richard B. Brooke	-	
DEC 1 0 2013 (2)	Group Art Unit					
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HAD	Atty. Doc	ket Nu	mber	O155.12-0004		
Total Amount of Payment \$105.00	1					
METHOD OF PAYMENT (Check One) 1. [X] The Commissioner is hereby authorized to charge any	FEE CAL 3. ADDITIONAL FEES			CALCULATION (Continued)	-CULATION (Continued)	
additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982.						
Deposit Account Name: Kinney & Lange, P.A. A duplicate	Foo Fo		Fee (\$)	Fee Description	Fee paid	
copy of this communication is enclosed	1051 130	2051	65	Surcharge - Late filing fee or oath	65	
2. [X] Check Enclosed	1052 50	2052	25	Surcharge - late provisional filing fee	*	
FEE CALCULATION	1053 130		130	or cover sheet Non-English specification	*	
1. BASIC FILING FEE	1812 2,52		2,520	For Filing a Request for Reexamination	*	
Large Entity Small Entity	1251 110		55	Extension for reply within first month	*	
Fee Fee Fee <u>Code</u> (\$) <u>Fee Description</u>	1252 410		205			
1001 750 2001 375 . [] Utility Filing Fee				Extension for reply within second month	*	
1006 330 2006 165 [] Design Filing Fee	1253 930		465	Extension for reply within third month	-	
1004 750 2004 375 [] Reissue Filing Fee	1254 1,45		725	Extension for reply within fourth month	_	
1005 160 2005 80 [] Prov. Filing Fee		2255	985	Extension for reply within fifth month	*	
Subtotal (1) \$0.00	1402 32	2402	160	Filing a brief in support of an appeal	*	
2. EXTRA CLAIM FEES	1403 28	2403	140	Request for oral hearing	*	
Number Prior** Extra Fee from Fee Paid Claims Below	1814 11	2814	55	Terminal Disclaimer Fee	*	
Total** = _* X _* = _*	1452 11	2452	55	Petition to revive - unavoidable	*	
Indep. * - * = * X * = *	1453 1,30	2453	650	Petition to revive - unintentional	*	
Multiple Dependent Claims * = *	1501 1,30	2501	650	Utility/Reissue issue fee	*	
**Insert 3 and 20, or number previously paid if greater; Reissue see	1502 47	2502	235	Design issue fee	*	
below Could Fath	1460 13	1460	130	Petitions to the Commissioner	. *	
Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$)	1807 50	1807	50	Petitions related to provisional applications	*	
1202 18 2202 9 Claims in excess of 20	1806 18	1806	180	Submission of Information Disclosure		
1201 84 2201 42 Independent claims in excess				Statement	*	
of 3 1203 280 2203 140 Multiple Dependent Claim	8021 40	8021	40	Recording each patent assignment per property (times number of properties)	40	
1204 84 2204 42 Reissue Independent Claims	1801 7	50 2801	375	Request for Continued Examination	*	
Over Original Patent				(RCE)		
1205 18 2205 9 Reissue claims in excess of 20 and over original patent	Other fee (sp	ecify)				
Subtotal (2) \$0.00				Subtotal (3) \$	105.00	
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Λ						
Signature Ann Kulprathiyania	F	leg. No		50,608		

Deposit Account No. 11-0982

Date 12/10/03